

# PROVIDER INQUIRER

March, 2009 Quarterly Edition

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

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## Provider Inquirer Now a Quarterly Newsletter

Beginning, March, 2009, the Provider Inquirer Newsletter will be a Quarterly edition with publications to be released the 3<sup>rd</sup> month of each quarter (March, June, September and December).

### Plan First

Providers submitting claims for beneficiaries that have the Family Planning Waiver, called Plan First should be aware that this program is limited to the receipt of family planning services only. Family planning services are defined as any medically approved means, including diagnostic evaluation, medications, and supplies, for voluntarily preventing or delaying pregnancy. Covered services include:

\*Office visits for family planning related services. This includes preventive evaluation and management office visits and other office/outpatient visits for family planning services.

- \* Contraceptives, including oral contraceptives and injectables.
- \* Contraceptive supplies and devices for voluntarily preventing or delaying pregnancy.
- \* Laboratory testing and pharmaceuticals related to contraceptive management or initial treatment of sexually transmitted infections (STIs).
- \* Sterilizations completed in accordance with current Medicaid policy.

**Providers must use the appropriate V25 diagnosis code for family planning services as the primary diagnosis on the claim in order to receive reimbursement.**

The Plan First Family Planning Waiver does not reimburse for physician services, lab tests, prescription drugs, or supplies beyond those specified in the Family Planning Clinic Database when billed by a Family Planning Clinic.

A list of current billable codes can be found on the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) Click on Billing and Reimbursement, Provider Specific Information, Family Planning, then Family Planning Waiver Codes-Plan First.

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## Update on Michigan Medicaid Hospital Audits

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MPRO as a contracted agent of the Michigan Department of Community Health has observed the following similarities in incorrect billing among hospital providers based on medical record reviews conducted during the audit process and the Statewide Utilization Review.

MPRO has attempted to use the appeal setting for audits and has sent educational letters to the provider as a result of the Statewide Utilization Review; however these issues need to be communicated to all Michigan Medicaid Hospital Providers for educational purposes.

### **For Inpatient Hospital Audits Provider Type 30:**

- 1) Missing documentation continues to be an issue whether medical records are scanned at the facility or the provider submits the medical record to MPRO; thus impeding a thorough review and may result in funds being recovered.
- 2) Prior authorization numbers (PACER authorization) are not being obtained for re-admissions within 15 days or transfers, resulting in a denial and funds recovered.
- 3) Providers in many instances should query physicians to establish the appropriate diagnosis/procedure, but frequently fail to do so. Hospital coders are responsible for coding the correct diagnoses and procedures.
- 4) Documentation in the medical record does not always support codes assigned by the provider.
- 5) Newborns frequently have documentation of being jaundiced on the day of discharge. There is no documentation of a bilirubin or of a plan for follow-up care.
- 6) Regarding readmissions, providers that place a patient on a leave of absence or who allow a patient to go home because a planned procedure cannot be performed because of staffing or equipment reasons, need to combine bills.

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7) More hospitals are converting to electronic medical records; however, many of their records still contain hard copy documentation. In instances where MPRO has had access to the electronic version, the records were not in a legible order for review, thus impeding the review. Also, there were instances that medical records were missing pieces because hard copy documentation did not get scanned into the electronic record or the medical record review team failed to recognize that they needed to provide MPRO with both the electronic and the hard copy documents.

8) Some of the short stay admissions could have been managed in the emergency room and discharged for further outpatient treatment.

## **For Statewide Utilization Review Provider Type 30**

1) In some instances the severity of illness and intensity of services did not warrant an acute inpatient admission. In most of these instances the Medicaid beneficiary could have been treated in the emergency room and released or admitted for observation services. This was especially true for short-stay admissions. Asthma, chest pain, and congestive heart failure all precipitate observation payment if observation criteria is met, yet MPRO noted that some providers admitted for these conditions, yet there was no medical necessity for an acute inpatient admission.

2) Some providers continue to include secondary diagnosis codes for conditions that are not being monitored, evaluated, treated or will extend the length of stay or require nursing care. Providers must not include secondary diagnoses if the diagnoses do not meet the General Reporting Guidelines for Additional Diagnosis.

## **Proposed Medicaid Changes**

Below are the proposed Policy Bulletins that are posted online. Please review them online at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >>Policy and Forms. Make sure all comments have been submitted by the Comment Due Date below.

<b>Comment Due Date</b>	<b>Notice Number</b>	<b>Subject</b>
February 19, 2009	<a href="#"><u>0839-DSH</u></a>	\$5 Million Disproportionate Share Hospital (DSH) Pool

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## New Policy Bulletins

The bulletins below were published during the previous month. It is very important that all providers are aware of new Policy Bulletins that are published. All applicable Policy Bulletins will be incorporated into the new quarter of the on-line updated Medicaid Manual. To view the new policy bulletins online you can visit [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms. If you have any questions on the Policy Bulletins above, please contact Provider Inquiry at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

Issue Date	Bulletin Number	Subject
February 11, 2009	<a href="#">MSA 09-08</a>	Fiscal Year 2009 Outpatient Uncompensated Care Disproportionate Share Hospital (DSH) Pool
February 1, 2009	<a href="#">MSA 09-07</a>	Clarifications, Revisions and Provider Reinstatement for School Based Services
February 1, 2009	<a href="#">MSA 09-06</a>	Medicaid Access to Care Initiative (MACI) Payment Schedule (MSA 08-16 Retraction)
January 1, 2009	<a href="#">MSA 09-05</a>	MIHP and MHP Care Coordination Agreement
January 1, 2009	<a href="#">MSA 09-04</a>	Eligibility Verification System (EVS) - Automated Voice Response System (AVRS) Fee Change
January 1, 2009	<a href="#">MSA 09-03</a>	Volume Purchase Contract for Hearing Aids
January 1, 2009	<a href="#">MSA 09-02</a>	January 2009 Sanctioned Provider Update

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## THE CORNER

Community Health Automated Medicaid Processing System

### New CHAMPS Training Sessions!

As MDCH continues to work toward full implementation of CHAMPS, the Outreach staff is going back on the road with new CHAMPS training sessions. These sessions will incorporate a review of Provider Enrollment processes, including managing current provider enrollments, and adding and maintaining domain information. This training will also give providers a chance to view the remaining sub-systems: Eligibility, Prior Authorization, and Claims. This portion of the training session will provide a step by step tutorial through the basic navigation of each sub-system, as well as some key features in the business process. At the end of each section, providers will have a chance to ask questions about the material that is being presented.

Since the remaining sub-systems are still being finalized these training sessions are limited to power point presentations, however, as MDCH moves closer to the final phases of the CHAMPS project and implementation date of mid 2009, we plan on being able to provide more in depth training sessions utilizing an "active" CHAMPS environment in the coming months.

Currently, MDCH is in the process of adding more trainings and locations for these sessions. Please visit our CHAMPS website at [>>CHAMPS >>CHAMPS](http://www.michigan.gov/mdch) Training for additional information regarding dates and times for upcoming opportunities. Registration is mandatory and space is limited so please be sure to check the website for sessions in your area!